



**APPLICATION TO DISTRICT OF COLUMBIA PROPERTY INSURANCE FACILITY  
FOR BASIC PROPERTY INSPECTION AND INSURANCE PROGRAM**

DATE (MM/DD/YYYY)

TO: D.C. PROPERTY INSURANCE FACILITY  
(FAIR PLAN)  
170 W. RIDGELY ROAD, SUITE 230  
LUTHERVILLE, MARYLAND 21093  
(202) 393-4640 OR 1-800-492-5670

**IMPORTANT NOTICE TO APPLICANT**  
AN IMMEDIATE BINDING OF INSURANCE MAY BE OBTAINED THROUGH THE FACILITY UPON PAYMENT OF THE REQUIRED PREMIUM IN THE REQUIRED MANNER IF THE PROPERTY IS ELIGIBLE AT THE TIME OF MAKING APPLICATION TO THE FACILITY. THIS PROCEDURE DOES NOT APPLY TO VACANT PROPERTIES, UNLESS UNDER ACTIVE REHABILITATION OR CONSTRUCTION, MARKETED FOR SALE OR RENTAL.

**FOR FACILITY USE ONLY**  
APPLICATION #

**APPLICANT (PLEASE PRINT OR TYPE)**

**PRODUCER**

NAME			NAME		
NO STREET			MAILING ADDRESS NO STREET		
CITY, COUNTY		STATE ZIP CODE	CITY, COUNTY		STATE ZIP CODE
If Applicant is listed as other than an individual(s) - (i.e., Corporation, Partnership, Association, Business, Church, Organization, etc.), complete and attach Form 1B - Corporate Questionnaire.					

**LOCATION OF PROPERTY TO BE INSURED**

**BUILDING OWNER IF OTHER THAN APPLICANT**

NO STREET			NAME		
CITY STATE ZIP CODE			MAILING ADDRESS NO STREET		
CITY		STATE ZIP CODE	CITY, COUNTY		STATE ZIP CODE
WITHIN 1000 FEET OF A PUBLIC FIRE HYDRANT?			PROTECTED SEMI-PROTECTED RURAL PROTECTED UNPROTECTED		

ITEM #	AMOUNT OF INSURANCE	COMMERCIAL CO-INS *	DESCRIPTION OF PROPERTY TO BE COVERED	# OF FAMILIES:		SEASONAL?	YES NO	
				# OF FLOORS:	DIMENSIONS:		SECONDARY?	YES NO
1			BUILDING - CONSTRUCTION OCCUPIED AS					
2			HOUSEHOLD CONTENTS					
3			OTHER CONTENTS OF					

<b>COVERAGES REQUESTED</b>		<b>COMMERCIAL</b>		<b>* COMMERCIAL CO-INSURANCE NOTE:</b>		<b>APPLICANT IS</b>	
<input type="checkbox"/> DWELLING	<input type="checkbox"/> FIRE	<input type="checkbox"/> FIRE, LIGHTNING, EXPLOSION	<input type="checkbox"/> WINDSTORM OR HAIL, SMOKE, AIRCRAFT OR VEHICLES, RIOT OR CIVIL COMMOTION, SINKHOLE COLLAPSE, VOLCANIC ACTION	CO-INSURANCE OPTIONS ARE 80 %, 90%, 100% OR FLAT.		<input type="checkbox"/> OWNER OCCUPANT	<input type="checkbox"/> ABSENTEE-OWNER
<input type="checkbox"/> EXTENDED COVERAGE	<input type="checkbox"/> VANDALISM & MALICIOUS MISCHIEF (NOT AVAILABLE IF VACANT / UNOCCUPIED)	<input type="checkbox"/> WINDSTORM OR HAIL, SMOKE, AIRCRAFT OR VEHICLES, RIOT OR CIVIL COMMOTION, SINKHOLE COLLAPSE, VOLCANIC ACTION	<input type="checkbox"/> VANDALISM (NOT AVAILABLE IF VACANT/UNOCCUPIED)			<input type="checkbox"/> TENANT	<input type="checkbox"/> OTHER (Describe)

**BUILDING MORTGAGEE(S)**

**CONTENTS LOSS PAYEE(S) (IF APPLICABLE)**

NAME:				PURCHASE DATE				PURCHASE PRICE		APPROXIMATE DWELLING AGE (YEARS)	
ADDRESS:				IS PROPERTY FULLY OR PARTIALLY VACANT OR UNOCCUPIED?		YES NO		IF YES, IS SUCH AREA PROPERLY BOARDED?		YES NO	
IMPORTANT: IF PROPERTY IS VACANT, ALSO SUBMIT SUPPLEMENTAL VACANCY FORM				ESTIMATED FULL INSURABLE VALUE OF PROP				\$		\$	
EXISTING DAMAGE TO PROPERTY?				NONE		OTHER (if OTHER, explain)		TOTAL INSURANCE CARRIED INCLUDING DCPIF			
LIST ALL LOSSES IN LAST THREE YEARS				OTHER INSURANCE IN FORCE ON THIS PROPERTY (COMPANY)				AMOUNT		EXPIRATION	
CAUSE		DATE		REPAIRED		AMOUNT		NAME OF PREVIOUS CARRIER			
1				YES NO		\$		PREVIOUS AMOUNT ON DWELLING			
2				YES NO		\$					
3				YES NO		\$					

HAS ANY CARRIER CANCELLED, DECLINED TO INSURE, REFUSED RENEWAL OR REQUIRED POLICY RESTITUTION ON SIMILAR INSURANCE? IF "YES", SUBMIT COPY WITH APPLICATION.  YES  NO

<b>INSTALLMENT</b>		<b>DESIRED EFFECTIVE DATE OF COVERAGE *</b>		IT IS A FRAUDULENT INSURANCE ACT FOR A PERSON TO KNOWINGLY OR WILLFULLY MAKE ANY FALSE OR FRAUDULENT STATEMENT OR REPRESENTATION IN OR WITH REFERENCE TO ANY APPLICATION FOR INSURANCE; OR PRESENT AN INSURER, OR CAUSE TO BE PRESENTED TO AN INSURER, DOCUMENTATION OR A WRITTEN OR ORAL STATEMENT THAT IS MADE IN SUPPORT OF A CLAIM AND THAT IS MADE WITH KNOWLEDGE THAT THE DOCUMENTATION OR STATEMENT CONTAINS FALSE OR MISLEADING INFORMATION CONCERNING A MATTER MATERIAL TO THE CLAIM. THE COMMISSION OF A FRAUDULENT INSURANCE ACT IS A CRIME AND MAY SUBJECT A PERSON CONVICTED OF COMMITTING SUCH ACT TO CRIMINAL AND CIVIL PENALTIES.  THIS REQUEST IS MADE WITH THE UNDERSTANDING THAT (WE) AGREE TO ACCOMPANY YOUR INSPECTOR WHILE INSPECTING THIS PROPERTY. I (WE) UNDERSTAND THAT THIS APPLICATION IN NO WAY BINDS ANY COMPANY TO PROVIDE INSURANCE ON THE DESCRIBED PROPERTY AND THAT INSPECTION(S) MADE UNDER THIS PROGRAM AND ANY REPORT OF SUCH INSPECTION(S) IS FOR INSURANCE UNDERWRITING AND RATING PURPOSES. PERMISSION IS GRANTED TO SUBMIT COPIES OF ANY INSPECTION OR ACTION REPORT(S) TO THE INSURANCE COMMISSIONER OF THE DISTRICT OF COLUMBIA, INSURANCE SERVICES OFFICE (ISO), TO INSURERS AND THEIR AGENTS.					
<input type="checkbox"/> YES	<input type="checkbox"/> NO								
AMOUNT OF DEPOSIT PREMIUM PAID WITH APPLICATION									

\* COVERAGE CANNOT BE EFFECTIVE UNTIL THE APPLICATION, AND REQUIRED PREMIUM IS RECEIVED AND SUBSEQUENTLY APPROVED BY THE FACILITY APPLICANT'S PRODUCER CANNOT BIND COVERAGE I

IMPORTANT: I CERTIFY THE ABOVE INFORMATION FURNISHED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

APPLICANT(S) UNDERSTAND AND ACKNOWLEDGE THAT THE PROPERTY WILL BE INSPECTED AND FAILURE TO MEET WITH AND COOPERATE WITH THE INSPECTOR CAN RESULT IN ADDITIONAL COSTS AND TERMINATION OF COVERAGE

SIGNATURE AND TELEPHONE NUMBER OF APPLICANT		DATE	NAME AND TELEPHONE NUMBER OF PERSON TO ACCOMPANY INSPECTOR	
SIGNATURE OF APPLICANT'S PRODUCER		APPLICANT'S PRODUCER TELEPHONE NUMBER		

ATTACH A COPY OF YOUR PRESENT DISTRICT OF COLUMBIA INSURANCE LICENSE TO THIS APPLICATION, IF NOT PREVIOUSLY SUBMITTED

IS AGENCY INCORPORATED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	TIN # OR SOCIAL SECURITY NUMBER (IF NO TIN)
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